DHBC BC/CP-1 (revised 10/2009)



## PUBLIC PROTECTION CABINET DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION DIVISION OF BUILDING CODES ENFORCEMENT 101 SEA HERO ROAD, SUITE 100 FRANKFORT, KENTUCKY 40601-5412



Tel: 502-573-0373 Fax: 502-573-1059

## Initial Application Form KENTUCKY CERTIFIED BUILDING INSPECTOR PROGRAM

1.	Social Security N	Number:	2	. Date of B	sirth:	
3.	Name					
			First Name		Middle Initial	
4.	Home Address _	Street, R.F.D., Box No. Etc.	City		State	Zip Code
		e Address (if different from ab				
Title, Dept, Division				Street, R.F.D. Box No. etc.		
City	1				State	Zip Code
6.	Work Phone No. ( ) 7. Home Phone No. ( )					
8.	Are you employed/contracted as a building inspector by a local government? [ ] YES [ ] NO					
9.	If NO, skip to Item 14. Which category best describes your job responsibilities? See descriptions on Pages 4-8.					
	One	& Two Family Dwelling Inspec	ctor		Building Inspecto	or, Level I
	Plans	s & Specifications Inspector, L	evel III		Building Inspecto	or, Level II
	Mech	nanical Inspector One & Two	Family Dwellings		Mechanical Inspe	ector, General
	Mechanical Inspector and Plan Reviewer		viewer			
10.	. Jurisdiction:	City Only		in		County
		County Only				
		Countywide				
		Other Jurisdiction(s)				
11.	. Are you the on	y building official for the above	e jurisdiction? [	] YES	[ ] NO	
12.	. Certified Building Official – Identify certified individual over local building inspection program:					
	Name:					
	Telephone N					

	If you have more than 1 jurisdiction, identify those who enforce this code:						
14.	Certification – Identify the level of certification you are applying for. NOTE: Minimum certification must correspond to job responsibilities identified in Item 9.						
	[ ] One and Two Family Dwelling Inspector [ ] Mechanical Inspector One & Two Family Dwellings						
	[ ] Building Inspector, Level I [ ] Mechanical Inspector General						
	[ ] Building Inspector, Level II [ ] Mechanical Inspector and Plan Reviewer						
	[ ] Building Inspector, Level III						
15.	Applicant MUST provide at least one (1) of the following credentials:						
	A. A notarized copy of high school or general education diploma and						
	<ol> <li>a letter from an employer showing three (3) years experience in a responsible, directly-related construction position, such as a foreman, which required the ability to effectively read and interpret building plans and specifications; or</li> </ol>						
	<ol> <li>a letter from an employer showing three (3) years experience in an architect's or engineer's office performing building design or drafting duties;</li> </ol>						
	<ul> <li>A certified copy of a college or university transcript for an associate degree in a construction related subject.</li> </ul>						
	<ul> <li>C. A certified copy of a college or university transcript for a bachelor degree in architecture, engineering fire science or building technology.</li> </ul>						
16.	. Have you attempted any of the following NCPCCI test modules prior to submitting this initial application to register in the certification program: 1A, 4A, 1B, 3B, 4B, 1C, 3C, 4C? [ ] YES [ ] NO If YES, attach copy(s) of test score sheet(s).						
17.	7. Have you attempted any of the following ICC test modules prior to submitting this initial application to registe in the certification program: B-1, B-2, B-3, B-5, M-1, M-2, M-3? [ ] YES [ ] NO If YES, attach copy(s) of the test score sheet(s).						
18.	B. Fee: Initial Application \$50.00 (annual renewal required)						
19.	. Enclose a check or money order made payable to the Kentucky State Treasurer. Mail this application form with a check or money order to the Kentucky Certified Building Inspector Program, Department of Housing, Buildings and Construction, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5405.						
20.	By signing and submitting this form, the Candidate accepts and agrees to comply with all conditions of 815 KAR 7:070, The Kentucky Certified Building Inspector Program, and authorizes the Department to verify the candidate's test scores with our authorized agent.						
	Signature Date						

Review this application carefully. Incomplete applications will be returned without being processed. Read the attached Instructions – they will help you to properly complete this application form.